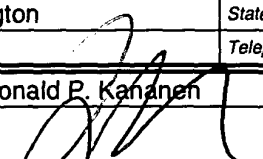
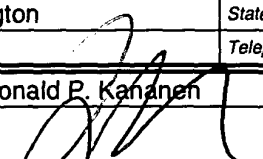
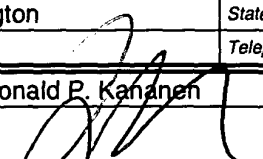


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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>SON-1938/DIV</b>					
		First Inventor <b>Tetsuo Urabe</b>					
		Title <b>DISPLAY APPARATUS USING ORGANIC ELECTROLUMINESCENT ELEMENT AND MANUFACTURING METHOD THEREOF</b>					
		Express Mail Label No. _____					
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Box Patent Application Commissioner for Patents Washington, DC 20231					
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>23</b>]</span> <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>8</b>]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Pages <b>3</b>]</span> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p style="text-align: center;"><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee)</small> Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS/PTO-1449) Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input checked="" type="checkbox"/> Claim for Priority <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <b>Request For Approval Of Drawing Corrections And Submission Of Corrected Formal Drawings with Three (3) sheets of red-line corrected formal drawings (Figs. 6, 7 and 8)</b></p>					
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <b>09/711,880</b></p> <p>Prior application information: Examiner <b>G. Zimmerman</b> Group / Art Unit: <b>2879</b></p> <p><b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>							
<b>19. CORRESPONDENCE ADDRESS</b>							
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<b>23353</b>					
<input type="checkbox"/> Correspondence address below							
<p>Name <b>RADER, FISHMAN &amp; GRAUER PLLC Ronald P. Kananen</b></p> <p>Address <b>1233 20th Street, N.W. Suite 501</b></p> <p>City <b>Washington</b> State <b>DC</b> Zip Code <b>20036</b></p> <p>Country <b>US</b> Telephone <b>(202) 955-3750</b> Fax <b>(202) 955-3751</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">Name (Print/Type) <b>Ronald P. Kananen</b></td><td style="width: 40%;">Registration No. (Attorney/Agent) <b>24,104</b></td></tr><tr><td>Signature </td><td>Date <b>June</b> _____, 2003</td></tr></table>				Name (Print/Type) <b>Ronald P. Kananen</b>	Registration No. (Attorney/Agent) <b>24,104</b>	Signature 	Date <b>June</b> _____, 2003
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Signature 	Date <b>June</b> _____, 2003						

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>																																																																																																																																																																																																																																																																																			
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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>3. 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1501	1,300	2501	650	Utility issue fee (or reissue)																																																																																																																																																																																																																																																																																	
1502	470	2502	235	Design issue fee																																																																																																																																																																																																																																																																																	
1503	630	2503	315	Plant issue fee																																																																																																																																																																																																																																																																																	
1460	130	1460	130	Petitions to the Commissioner																																																																																																																																																																																																																																																																																	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)																																																																																																																																																																																																																																																																																	
1806	180	1806	180	Submission of Information Disclosure Stmt																																																																																																																																																																																																																																																																																	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)																																																																																																																																																																																																																																																																																	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																																																																																																																																																																																																																	
1810	750	2810	375	For each additional invention to be examined (37CFR 1.129(b))																																																																																																																																																																																																																																																																																	
1801	750	2801	375	Request for Continued Examination (RCE)																																																																																																																																																																																																																																																																																	
1802	900	1802	900	Request for expedited examination of a design application																																																																																																																																																																																																																																																																																	
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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>-20** =</td> <td>1 x</td> <td>0.00</td> </tr> <tr> <td>1</td> <td>-3** =</td> <td>1 x</td> <td>0.00</td> </tr> <tr> <td colspan="4">Multiple Dependent _____ = _____</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="2" style="text-align: right;"> <b>SUBTOTAL (2)</b> (\$) 0.00                 </td> <td colspan="4"></td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>		Total Claims	Extra Claims	Fee from below	Fee Paid	4	-20** =	1 x	0.00	1	-3** =	1 x	0.00	Multiple Dependent _____ = _____				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b> (\$) 0.00						<b>Reduced by Basic Filing Fee Paid</b>																																																																																																																																																																																																																					
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Name (Print/Type)	Ronald P. Kananen	Registration No. (Attorney/Agent)	24,104																																																																																																																																																																																																																																																																																		
Telephone	(202) 955-3750																																																																																																																																																																																																																																																																																				
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